## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 10/026019 US

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |                                  |                |                     |                              | nn 2)            | _                 | SMALL ENTITY TYPE |                        | OR SMALL ENTITY |                     |                        |
|---|--|----------------------------------|----------------|---------------------|------------------------------|------------------|-------------------|-------------------|------------------------|-----------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |                                  | 23             |                     |                              |                  | 1                 | RATE              | FEE                    |                 | RATE                | FEE                    |
| FOR   |  |                                  | NUMBER FILED   |                     | NUMBER EXTRA                 |                  |                   | BASIC FEE         | 370.00                 | OR              | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | 23 minus 20=   |                     | • 13                         |                  |                   | X\$ 9=            |                        | OR              | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |                                  | 9 minus 3 =    |                     | · b                          |                  |                   | X42=              |                        | OR              | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                                  |                |                     |                              |                  |                   | +140=             |                        | OR              | +280=               |                        |
| * If the difference in column 1 is less than zero, enter  |  |                                  |                |                     |                              | olumn 2          |                   | TOTAL             |                        | OR              | TOTAL               |                        |
|   |  |                                  |                |                     |                              |                  |                   |                   |                        | On              | OTHER               | THAN                   |
|   | (Column 1) (Column 2) (Column 3)               |                                  |                |                     |                              |                  |                   | SMALL             | ENTITY                 | OR              | SMALL               |                        |
| MT A  |  | CLAIMS REMAINING AFTER AMENDMENT |                | HIGI<br>NUN<br>PREV | HEST<br>HBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENOMENT A   | Total  | * 33                             | Minus          | #3                  | 3                            | =                |                   | X\$ 9=            |                        | OR              | X\$18=              |                        |
|   | Independent                                    | • 9                              | Minus          | ***                 | 9                            | =                | ]                 | X42=              |                        | OR              | X84=                | _                      |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                |                     |                              |                  |                   | +140=             |                        | OR              | + <del>280</del> =  |                        |
|   | B  |                                  |                |                     |                              |                  |                   |                   |                        | OR              | TOTAL<br>ADDIT. FEE |                        |
| <b> </b>  |  | (Column 1)                       |                |                     | umn 2)<br>HEST               | (Column 3        | 3)                |                   | ADDI-                  | 1               |                     | ADDI-                  |
| N<br>1<br>8   |  | REMAINING<br>AFTER<br>AMENDMENT  |                | PRE                 | MBER<br>(IOUSLY<br>D FOR     | PRESENT<br>EXTRA |                   | RATE              | TIONAL<br>FEE          |                 | RATE                | TIONAL<br>FEE          |
| AMENDMENT   | Total  | · 33                             | Minus          | ** (                | 33                           | = -              | ]                 | X\$ 9=            |                        | OR              | X\$18=              |                        |
| MEN   | Independent                                    | . 9                              | Minus          | ###                 | 9                            | =                | ]                 | X42=              |                        | OR              | X84-                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI  |                                  |                |                     |                              |                  | لـ                | +140=             |                        | OR              | 290.<br>+280=       |                        |
| .^ ¥  |  |                                  |                |                     |                              |                  |                   | TOTAL             |                        | OF              | TOTA                |                        |
|   |  |                                  |                | <b>10</b> -1        |                              | (Calumn)         | ٥١                | ADDIT. FEE        |                        |                 | ADDIT. FE           |                        |
| <b> </b> _  |  | (Column 1) CLAIMS                |                |                     | umn 2)<br>SHEST              | (Column          | <b>"</b>          |                   | ADDI-                  | 7               |                     | ADDI-                  |
| N<br>N  |  | REMAINING<br>AFTER<br>AMENDMENT  |                | PRE                 | IMBER<br>VIOUSLY<br>ID FOR   | PRESENT          |                   | RATE              | TIONAL                 |                 | RATE                |                        |
| ON O  | Total  | *                                | Minus          | **                  |                              | =                |                   | X\$ 9=            |                        | OF              | X\$18=              |                        |
| AMENDMENT   | Independent                                    | *                                | Minus          | ***                 |                              |                  | 4                 | X42=              |                        | OF              | R X84=              |                        |
|   | FIRST PRES                                     | ENTATION OF                      | MULTIPLE DE    | PENDE               | NT CLAIR                     | vi               |                   | +140=             |                        | OF              | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |                                  |                |                     |                              |                  |                   |                   | L                      | OF              | 707/                | AL                     |
|   | * If the "Highest N                            | umbar Braviauch                  | Paid For IN IF | 115 SPAC            | E 1988 N                     | MI 20, GING      | 20.<br>3.<br>mber | ADDIT. FEI        | -                      | oox in          | column 1.           | DE COMMERC             |

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